

DRUG ABUSE TREND REPORT DETROIT/WAYNE COUNTY, MICHIGAN

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Drug Abuse Trends in Detroit/Wayne County and Michigan

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ABSTRACT

Cocaine indicators continued to stabilize. With increases in heroin ED mentions and heroin-involved deaths, heroin indicators appeared to be increasing. Data on other opiates reflected increases in abuse, especially for hydrocodone. Marijuana continued to be the top illicit drug, but indicators remained stable. Indicators for methamphetamine and ecstasy showed increases, while indicators for abuse of GHB, ketamine, and Coricidin HBP showed some recent stabilizing or decreases. Twenty-nine percent of the cumulative AIDS cases in Michigan are among injection drug users. Hepatitis C cases showed a sharp increase in 2001.

INTRODUCTION

Area Description

Detroit and surrounding Wayne County are located in the southeast corner of Michigan's Lower Peninsula. In 2000, the Detroit/Wayne County population totaled 2.1 million residents and represented 21 percent of Michigan's 9.9 million population.

Currently, Michigan is the eighth most populous State in the Nation. The Detroit metropolitan area ranks 10th among the Nation's major population centers. In 2000, the city of Detroit's population was 951,000. Michigan's population increased by 6.9 percent between 1990 and 2000. Population growth above the statewide average occurred among those age 10–14 (12 percent), 15–17 (8.5 percent), and 5–9 (7.6 percent). There was a net population loss among those younger than 5 (4.3 percent) by 2000 because of declining birth rates since the mid-1990s. The following factors contribute to probabilities of substance abuse in the State:

- Michigan has a major international airport, with 277,688 flights in 2000; 10 other large airports that also have international flights, with more than 200,000 arrivals in 2000; and 235 public and private small airports. Long-term projections for the Detroit Metro airport forecast a 31-percent increase in flights during the next 10 years.

The State has an international border of 700 miles with Ontario, Canada; land crossings at Detroit, Port Huron, and Sault Ste. Marie; and water crossings through three Great Lakes and the St. Lawrence Seaway, which connects to the Atlantic Ocean. Between Port Huron and Monroe, many places along the 85 miles of heavily developed waterway are less than one-half mile from Canada. Michigan has 940,000 registered boats. In 2001, two major bridge crossings from Canada (Windsor Tunnel and Ambassador Bridge) had 7.9 million cars, 1.7 million trucks, and 93,000 buses cross into Detroit. Southeast Michigan, the busiest port on the northern U.S. border, had about 21 million vehicle crossings with Canada in 2000. Detroit and Port Huron also have nearly 10,000 trains entering from Canada each year. The Foreign Mail Branch in Detroit processes 250,000 foreign parcels and about 900,000 letter-class pieces monthly.

- Michigan's numerous colleges and universities have many out-of-State or international students.
- The State has a large population of skilled workers with relatively high income (especially in the automotive industry), as well as a large population with low or marginal employment skills.
- There are chronic structural unemployment problems. Michigan has prospered in recent economic periods, with low unemployment. As the national economy slowed in 2002, so did the Michigan economy.

Data Sources

Data for this report were drawn from the sources shown below.

- **Hospital emergency department (ED) drug mentions data** through 2001 were obtained from the Drug Abuse Warning Network (DAWN), Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA).
- **Treatment admissions data** were provided by the Division of Quality Management and Plan-

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ning, Michigan Department of Community Health (MDCH) for the State and Detroit/Wayne County, as reported by State and federally funded programs. Reporting practices, which changed on October 1, 1998, affect the capability to reliably track trends in client characteristics, drugs of abuse, and other data reported in admissions records. During fiscal year (FY) 2001 and FY 2002, State reporting requirements were revised, which also challenged reporting continuity. The admissions volume reported has been declining over the past several years; it is difficult to identify whether changes in data reflect reporting practices or actual changes in the populations entering treatment, as all data is no longer reported. Software delays during FY 2002 resulted in large volumes of unresolved errors in data submissions and an inability to produce data sets for analysis until yearend. FY 2002 data just recently became available for use in this report.

- **Drug-related mortality data** were provided by the Wayne County Office of the Medical Examiner (ME) and the MDCH. The Wayne County ME provided data on deaths with positive drug toxicology from 1993 through March 2002. These drug tests are routine when the decedent had a known drug use history, was younger than 50, died of natural causes or homicide, was a motor vehicle accident victim, or there was no other clear cause of death. The MDCH provided statewide data on methamphetamines/stimulants.
- **Arrestee drug testing data** were provided by the Arrestee Drug Abuse Monitoring (ADAM) program, National Institute of Justice (NIJ). The ADAM data are based on a sample of arrestees in Detroit/Wayne County, as collected by Michigan State University. Data for 2000 are for adult arrestees and are based on a weighted sample for males and an unweighted sample for females. Data for 2001 are for the third and fourth quarters only and are limited to male arrestees. The ADAM sampling plan was revised in 1999 and 2000, as directed by NIJ, in an effort to gain data that would be statistically representative of Wayne County arrestees. Earlier data were for city of Detroit arrestees only. Caution is suggested in making comparisons between 1999, 2000, and 2001 findings. The ADAM effort was discontinued at the end of 2001, and it is not clear if it will be resumed.

- **Drug price and purity data** were provided by the Drug Enforcement Administration (DEA). Preliminary data on heroin purity in early 2001 were from the DEA's Domestic Monitor Program (DMP).
- **Drug seizure data and trends** were provided by the Michigan State Police and the U.S. Customs Service, as well as DEA and local police departments, for 2001 and 2002.
- **Drug distribution data**, from the High Intensity Drug Trafficking Area, Investigative Support and Deconfliction Center, of Southeast Michigan (HIDTA-SEM), were derived from FY 2002 Threat Assessment data.
- **Poison control case data** were provided by the Children's Hospital of Michigan Poison Control Center and represent contact data on cases of intentional abuse of substances through September 2002. This center is one of two in Michigan; its catchment area is primarily eastern Michigan, although contacts can originate anywhere.
- **Drug-related infectious disease data** were provided by the MDCH on the acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) prevalence estimates as of July 1, 2002. Statewide data on hepatitis C trends were also provided by MDCH.

DRUG ABUSE PATTERNS AND TRENDS

Cocaine and Crack

Between 1994 and 1999, cocaine was the most frequent DAWN ED drug mention in Detroit metropolitan counties (exhibits 1 and 2). The Detroit area rate of cocaine ED mentions per 100,000 population was 178 in 1999, 179 in 2000, and 186 in 2001. During 2000, the 7,870 cocaine mentions represented a slight but nonsignificant increase from 1999. Data for 2001 suggest there was a slight but nonsignificant decrease for the year compared with 2000.

The typical cocaine ED case continued to be a male, age 35 or older, who went to the emergency department seeking help for chronic effects or unexpected reaction and was treated and released in a multidrug-involved episode. There was a significant increase in cases among those age 45 and older between 1994 and 2001.

Cocaine (including crack) has been the foremost primary illicit drug of abuse among admissions to State-funded treatment programs statewide since FY 1986. During FY 2001, cocaine/crack remained the top illicit drug among statewide admissions, accounting for 18 percent of total admissions. In FY 2002, cocaine/crack accounted for 17 percent of statewide admissions. In Detroit/Wayne County, cocaine represented 28 percent of total admissions in FY 2001 and 26 percent in FY 2002. It was exceeded only by heroin, which accounted for 34 percent (FY 2001) and 29 percent (FY 2002) of total admissions.

Cocaine (including crack) was involved (as either primary, secondary, or tertiary drug) in 35 percent of all treatment admissions statewide in FY 2002 and in 52 percent of all admissions in Detroit/Wayne County. About one of every three cocaine-involved admissions statewide in FY 2002 was in Detroit/Wayne County.

The number of decedents with a positive drug toxicology for cocaine in Detroit/Wayne County were basically stable between 1995 and 1999, with plus or minus 1–12-percent fluctuations year to year (exhibit 3). In 2000, there was a 16-percent increase in cocaine deaths over 1999. In 2001, cocaine deaths increased by less than 3 percent from 2000, to 406 cases. In the first 9 months of 2002, 304 cocaine deaths were identified. At this rate, the yearend total will equal that of 2001.

Prior to 2000, when ADAM began probability sampling of adult male arrestees, the proportion of males who tested positive for cocaine declined from a peak of 53 percent in 1987 to 27 percent in 1999. In 2000, 24 percent of male arrestees (weighted Wayne County sample) tested cocaine-positive, while 42 percent of female arrestees (unweighted Wayne County sample) tested cocaine-positive (exhibit 4). Weighted results for male arrestees in the third and fourth quarters of 2001 showed 22 percent were cocaine-positive. Among those who admitted to cocaine use in the month before their arrest, crack was used on about twice as many days (9.5 days) as cocaine powder (4.4 days). ADAM data collection ceased in 2002.

Cocaine powder and crack availability, prices, and purity remained relatively stable. Ounce and kilogram prices have been stable for at least the past 8 years. The cost of crack rocks has now increased to as high as \$50, with \$10 the most common unit price in Detroit neighborhoods. Higher-priced units are more typical when sold to outsiders in Detroit, or

when sold outside Detroit. Ounce amounts of cocaine and crack usually sold for the same price (\$750–\$1,300) in 2001 in Detroit. Small plastic bags (heat-sealed or ziplock) or aluminum foil are now the most common packaging.

Numerous organizations distribute cocaine in the metropolitan area and statewide, according to the FY 2002 Threat Assessment by the HIDTA–SEM. The Detroit metropolitan area remains a source hub for other areas of Michigan and the larger Midwest. Gangs control a number of distribution points and are major suppliers to many markets, although it is reported that there is less organized street gang activity than in the past.

The U.S. Customs Service in Detroit reported seizing 161 kilograms of cocaine during the 6 months following September 2001, compared with 28 kilograms in the previous 6 months. Michigan State Police have continued to make more large (multikilogram) seizures in the past several months in many urban areas outside Detroit, compared with earlier time periods. Some dealers reportedly have switched to selling marijuana because of the more severe criminal consequences for selling cocaine.

Heroin

ED mentions for heroin have trended gradually upward since 1994 (exhibits 1 and 2). In 1999, the Detroit metropolitan area rate of heroin mentions was 61.5 per 100,000 population; in 2000, the rate was 75.8. In 2001, the rate increased significantly to 93. The number of heroin ED mentions was 51 percent higher in 2001 than in 1999. Heroin mentions increased significantly (by nearly 76 percent) between 1994 and 2001.

The typical heroin ED case continued to be a male, age 45–54, who sought help in an emergency department for chronic effects or unexpected reaction and was treated and released. Between 1994 and 2001, there have been significant increases in females (more than doubling), in those age 20–25, and in those older than 35.

Heroin, as the primary drug among treatment admissions in FY 2002, accounted for 29 percent of all admissions in Detroit/Wayne County and 12 percent of admissions statewide. The 4,138 admissions in Detroit/Wayne County involving heroin (as primary, secondary, or tertiary drug) accounted for 52 percent of the statewide total of 7,924 heroin-involved admissions. One in three admissions in Detroit/Wayne County involved heroin, while heroin was involved in 14 percent of all statewide admissions in FY 2002.

Heroin deaths have been steadily increasing in Detroit/Wayne County since 1992. In 1996, there were 240 heroin-present deaths; by 2000, the annual number had nearly doubled (exhibit 3). The 383 deaths with heroin metabolites present in 1999 represented a 24-percent increase from 1998, while in 2000, heroin cases increased again, by 23 percent over the 1999 total. During 2001, the 465 heroin-present deaths was a slight decrease from the 473 deaths in 2000. During the first 9 months of 2002, 381 heroin-present deaths were identified. At the current rate, it is expected that heroin deaths could total more than 500 by the end of 2002. There were at least two bodypacker fatalities in 2002.

Since 1996, the Wayne County ME lab has tested decedents for 6-monoacetylmorphine (or 6-AM) to determine whether its presence parallels increases in heroin (morphine) positivity. Until nearly the end of 2001, findings of 6-AM were at about one-half the level for heroin-present cases. Findings of this drug are most typical in decedents with more acute effects of heroin use. In late 2001 and the first 3 months of 2002, there were roughly four heroin (morphine) cases for every one case of 6-AM. In the 6 months from April through September 2002, there were 100 findings of 6-AM and 269 findings of heroin (morphine); this is a ratio of about 37 percent of 6-AM to heroin being present.

Findings of heroin metabolites among urinalyses of city of Detroit adult arrestees were relatively stable from 1995 to 1999, with 5–9 percent of adult males and 9–22 percent of adult females testing opiate-positive (exhibit 4). The female samples were relatively small, likely impacting year-to-year fluctuations. In 2000, 8 percent of a weighted sample of Wayne County adult male arrestees tested opiate-positive. Among adult females in 2000, 24 percent of the unweighted Wayne County sample tested opiate-positive. Weighted results for male arrestees in the third and fourth quarters of 2001 were stable, at 7 percent opiate-positive. Just over 4 percent of arrestees reported they used opiates in the month prior to their arrest, and the average number of days used was 11.8.

Nearly all available heroin continued to be white in color. South America (Colombia) remains the dominant source, although in the past 3 years or so, heroin originating in both Southeast Asia and the Middle East has been identified. Heroin from these latter two sources was not very common between the mid-1990s and 2000. Heroin originating in Mexico was available in some parts of Michigan outside the Detroit metropolitan area.

Heroin street prices remained stable and relatively low in Detroit. Packets or “hits” available in Detroit are typically sold in \$10-units, while outside the area individual units sometimes cost \$15 or more. Price is also affected by whether the buyer is known to the seller, as well as whether the buyer and seller are of the same racial/ethnic origin. Bundles of 10 hits cost between \$75 and \$150. Packaging is often tinfoil; lottery papers; coin envelopes; balloons; fingers cut off from surgical gloves; or small plastic ziplock bags. The practice of using brand names by dealers has reportedly declined greatly.

According to the most recent information from the DEA, the average heroin price per pure milligram in the first half of 2001 was \$0.95. Heroin purity, which had increased from the early 1990s to a peak of nearly 50 percent in 1999, was about 43 percent in the first half of 2001, with a range of 37–72 percent per milligram pure.

Other Opiates/Narcotic Analgesics

In the Detroit area, indicators for opiates and narcotics other than heroin remained lower than those for cocaine and heroin, continuing a long-term trend since the early 1980s. Codeine and its prescription compounds (Schedule III and IV drugs) remained the most widely abused other opiates; codeine indicators were stable. However, there were further increases in hydrocodone (typically Vicodin, Lortab, or Lorcet) use, while indicators for carisoprodol (Soma) and oxycodone (OxyContin) appeared to be more stable. These drugs are available in myriad combinations that involve other drugs in the formulation of the pill or capsule.

Other opiates, as primary drugs among treatment admissions in FY 2002, were reported for 284 cases in Detroit/Wayne County and 1,930 cases statewide. Other opiates (as primary, secondary, or tertiary drugs) were involved in 7 percent of statewide admissions and in 6 percent of Detroit/Wayne County admissions in FY 2002. The other opiates-involved admissions in Detroit/Wayne County accounted for one of every five statewide other opiates-involved admissions during this time period.

Toxicology findings from the Wayne County ME lab showed 225 cases of codeine positivity in the 12 months between April 2001 and April 2002, compared with 121 cases from April through September 2002.

Hydrocodone and hydrocodone/combinations began to appear in southeast Michigan hospital ED drug

mentions in 1994, with sharp and significant increases in 1998 (185 mentions), 1999 (238), 2000 (371), and 2001 (483) (exhibit 1). There was a 443-percent increase in hydrocodone mentions between 1994 and 2001. This drug was identified by the Wayne County ME lab in 60 decedents in 2000, 80 in 2001, and 66 in April–September, 2002. Information from the Children’s Hospital of Michigan Poison Control Center on intentional hydrocodone abuse cases for 2001 identified about 40 cases; about one-half were female. In the first 9 months of 2002, 39 cases of intentional hydrocodone abuse were reported to the poison control center.

Carisoprodol was identified in 20 Wayne County decedents in 2000, 30 in 2001, and 15 in the 6 months between April and September 2002. There were 21 cases of intentional carisoprodol abuse reported to the poison control center during the first 9 months of 2002.

The most recent revised southeast Michigan ED drug mentions data from DAWN show 21 oxycodone/combinations mentions in 1996, 15 in 1997, 19 in 1998, 17 in 1999, and 45 in both 2000 and 2001. Since about 2000, oxycodone (OxyContin) has been increasingly reported by law enforcement agencies in arrests, primarily in the western and northern lower Michigan areas, but more recently all over the State. It has been reported that it is not uncommon for persons in emergency departments to ask specifically for this drug for various ailments. Pharmacy break-ins specifically related to this drug continued to be reported. Oxycodone was found in 10 decedents in Wayne County in 2000, 13 in 2001, and about this same number in 2002. It was involved in five intentional abuse cases reported to Children’s Hospital of Michigan Poison Control Center in the 3-month period between July 1 and October 1, 2001; four of these cases involved female teens. Ten cases were reported to the poison control center in the first 9 months of 2002. OxyContin pills sell for \$0.50–\$1.50 per milligram. More than 50 arrests were made by Michigan State Police in the first 9 months of 2002. Some oxycodone reportedly is being smuggled from Canada.

Methadone was found in 35 decedents in Wayne County between April and September 2001, in 26 decedents between October 2001 and March 2002, and in 36 decedents between April and September 2002.

Marijuana

Marijuana indicators either stabilized or increased. Mexican marijuana continued to be the dominant form available.

Detroit metropolitan area ED marijuana data show a steady increasing trend since 1994, with some fluctuations in a few years (exhibits 1 and 2). In 1999, the case rate for marijuana mentions per 100,000 population was 95; in 2000, the case rate was 99, while in 2001 the case rate was 121. Although this was an increase (paralleled by the number of marijuana mentions over this same time period), it was not significant. However, there has been a significant increase in marijuana mentions among females since 1994.

Treatment admissions during FY 2002 in Detroit/Wayne County for marijuana as primary drug totaled 1,105. For this same period statewide, there were 8,834 marijuana admissions as primary drug. Marijuana was involved (as primary, secondary, or tertiary drug) in 40 percent of statewide admissions and in 31 percent of Detroit/Wayne County admissions in FY 2002. The Detroit/Wayne County marijuana-involved admissions accounted for about one of every six (17 percent) statewide marijuana-involved admissions in FY 2002.

Marijuana-positive drug test findings among Detroit arrestees since 1995 were relatively stable, but showed a slight increase (exhibit 4). Between 1995 and 1999, 42–48 percent of the adult males arrested in Detroit were marijuana-positive, as were 16–28 percent of the adult females. In Wayne County in 2000, one-half of the weighted sample of male arrestees and 24 percent of the unweighted sample of female arrestees were marijuana-positive. Weighted results for male arrestees in the third and fourth quarters of 2001 were stable, with 48 percent testing marijuana-positive. This same percentage of arrestees admitted use in the month before their arrest, and the average number of days used was 10.9.

The majority of marijuana seized in Michigan originate in Mexico, with some of it passing through the United States and into Canada, where it is then repackaged into smaller amounts and brought back into the United States. The U.S. Customs Service seized about five times as much marijuana (1,782 kilograms) in the 6 months after September 2001 than in the previous 6 months (351 kilograms). The U.S. Customs Service also reported sharp increases in seizures in hydroponically grown marijuana from Canada, which was being smuggled by Asian organized crime operations.

Stimulants

Indicator data showed increasing levels of methamphetamine abuse in the State, mostly in the southwestern corner of lower Michigan. A Methamphet-

amine Strategy has been developed to address the situation, and it is beginning to be implemented.

Southeast Michigan DAWN ED drug mentions for methamphetamine declined to near zero from 1996 to 2000 and remained at that level in 2001 (exhibit 1). Between 1992 and 1996, there were increases in amphetamine mentions, but they declined after 1996 and then increased (nonsignificantly) in 2001. It is suspected that much of the reported amphetamine mentions may actually be methamphetamine.

Methcathinone (“cat”), an easily manufactured stimulant, was identified in Michigan’s Upper Peninsula around 1990; an epidemic ensued until about 1994, when no further labs were found. A trickle of reported admissions to treatment involving this drug continued; there were 9 primary methcathinone admissions statewide in FY 2000, 4 in FY 2001, and 10 in FY 2002. Eight of the 10 cases in FY 2002 were admitted in southeast Michigan.

In FY 2002, there were 280 primary methamphetamine admissions statewide, with 5 in Detroit/Wayne County. The 280 methamphetamine admissions in FY 2001 lived in 43 of the 83 counties in Michigan, mostly in rural areas, with more admissions in western and southern counties; 5 lived in Detroit/Wayne County. Upper Peninsula residents accounted for 10 of the 280 methamphetamine admissions in FY 2002.

Among primary drug methamphetamine admissions statewide in FY 2002, smoking was reported by almost one-half (43 percent), followed by inhalation (33 percent), oral (17 percent), and injection (eight percent) as the route of administration.

Mortality data from the Wayne County ME lab show two methamphetamine-positive cases among decedents between April and September 2001, one case between October 2001 and March 2002, and four cases between April and September 2002.

A special analysis of statewide death certificate data conducted by MDCH Vital Statistics found 35 deaths in which involvement of amphetamines or stimulants was mentioned in both 1999 and 2000, compared with 20 in 1998 and 17 in 1997. In 2001, there may have been 19 such deaths, but this is difficult to determine, as the coding structure available to report this drug is complex and covers a wide variety of other drugs as well. There were three reported methamphetamine overdoses during 2001.

No methamphetamine has been found in drug testing of Detroit or Wayne County arrestee samples since the testing effort began.

Michigan’s border with Canada has been the focus of efforts to stop the flow of large amounts of pseudoephedrine and ephedrine into the United States. These imports are the necessary ingredients for making methamphetamine and have been destined for the Western United States and Mexico. Intensified efforts by law enforcement after the September 11, 2001, terrorist attacks resulted in the indictment of numerous individuals and seizures of millions of pseudoephedrine dosage units. One such seizure in June 2002 involved 21 million tablets. The U.S. Customs Service in Detroit reported seizures of more than 10,000 kilograms of pseudoephedrine in the 6 months after September 2001, compared with 50 kilograms in the previous 6 months. Multimillion tablet seizures are now commonplace.

Michigan State Police reported seizing 40 methamphetamine labs in 2000 (all outside Detroit), compared with 14 labs in 1999. During 2001, 91 labs were seized by the Michigan State Police, and 120 were seized by the State Police, DEA, and local departments combined. At least three labs have been found in the Upper Peninsula, where none were found in 2000. Environmental cleanups are an increasing problem. At least three labs exploded and burned in 2001, causing serious injuries. Most of the lab seizures have been in southwestern lower Michigan (particularly Allegan, Van Buren, and Barry Counties). Through October 2002, Michigan State Police had seized 172 labs; at this rate, the year-end total will easily be double that of 2001. At least three labs were seized in southeast Michigan to date in 2002. Some methamphetamine in pill form was reported in parts of Michigan in 2002.

Michigan has a long history of high per capita distribution of methylphenidate (Ritalin). According to the DEA, Michigan ranks third per capita in distribution, with the amount of this drug distributed increasing by 45 percent since 1998. Consequently, distribution is 60 percent higher in Michigan than the national average for all States. Indicators show little evidence of intentional abuse, yet anecdotal reports of such cases continue. There has been some recent efforts by the State legislature to reduce the emphasis of reliance on methylphenidate to deal with behavior difficulties in children.

Khat, a plant grown in the Middle East that must be freshly harvested to produce its desired stimulant

effects, continued to be seized in quantity at Michigan airports. At least one smaller northern Lower Peninsula airport encountered several shipments.

Depressants

All indicators are relatively stable for depressants.

Depressant treatment admissions in FY 2002 remained low in relation to those for alcohol, cocaine, heroin, and marijuana. Such admissions typically involved benzodiazepines or sedatives/hypnotics. Barbiturates or tranquilizers were reported less often. Depressants remained more often involved as secondary or tertiary drugs among treatment admissions.

Hallucinogens

Lysergic acid diethylamide (LSD) continued to be sporadically reported, and use remained relatively low. LSD is generally limited to high-school-age suburban and rural youth. Dose forms are primarily paper cutouts of various designs. Recently, however, there was a report of a liquid form (sold in breath drop bottles) and a geltab form.

Hospital ED mentions for hallucinogens have been declining overall since about 1995 (exhibit 1). In 2001 there was a slight but nonsignificant increase in PCP mentions.

During FY 2002, there were 63 hallucinogen treatment admissions as primary drug statewide, with 8 of these cases involving phencyclidine (PCP).

Law enforcement sources noted more LSD activity recently in northern lower Michigan, and recent school survey data suggested that use may be higher in this area than in other parts of the State.

Club Drugs

This category of drugs includes ecstasy, gamma hydroxybutyrate (GHB), flunitrazepam (Rohypnol), and ketamine. Indicators increased for ecstasy, stabilized for ketamine, and declined for GHB. There is still no information from any source or indicator data to suggest that flunitrazepam is being used in Michigan.

The drug known as ecstasy is typically methylenedioxymethamphetamine (MDMA) or methylenedioxyamphetamine (MDA). Both drugs have been identified in lab testing of ecstasy samples, sometimes in combination. There have been many anecdotal reports of widespread and increasing use

since about 1997, but these drugs rarely appear in traditional indicators identifying abuse. Ecstasy users are typically college students or young professionals, often in dance settings. Many urban and suburban areas outside Detroit are noted as having significant ecstasy use.

Southeast Michigan ED drug mentions first began to reflect MDMA use in 1998, with six mentions reported (exhibit 1). MDMA mentions rose to 40 in 1999 and 60 in 2000. The change between 1998 and 2000 represented a 900-percent increase. Data for 2001 show 111 MDMA mentions, a significant increase from 1999.

During FY 2002, there were 158 ecstasy-involved (as primary, secondary, or tertiary drug) treatment admissions statewide; 31 of these occurred in Detroit/Wayne County. It was more common that ecstasy would be the tertiary or secondary drug than the primary drug involved among those seeking treatment.

The Children's Hospital of Michigan Poison Control Center received reports of 16 cases involving ecstasy in the 3-month period between July 1 and October 1, 2001; cases were equally divided among males and females and ranged in age from 13 to 31. In the first 9 months of 2002, there were 32 cases of intentional ecstasy abuse; half were younger than age 20.

The Wayne County ME lab identified one MDMA/MDA death in 1998, two in 1999, and three in 2000. Two cases were found among decedents between April and September 2001; one was a homicide victim. Three cases were found in the first 9 months of 2002, with homicide as the cause of death. Multiple drugs were found in all of these cases.

Ecstasy, sold in various colored and often stamped pill forms, has been seized throughout Michigan. Sources remain Western Europe and Canada (where it is rumored that labs are operating in Quebec or Ontario). More recently, there were reports that this drug is being made in Michigan. Wholesale prices can be as low as \$10 per pill for quantities of 500 via Canada. Terms such as "jars" (usually 100 pills) and "buckets" (up to 1,000 pills) continued to be used in the distribution chain. U.S. Customs Service seizures at the airports and the border were 14,145 pills in 1998, 42,000 in 1999, 131,000 in 2000, and almost 400,000 in 2001. Projections for 2002 were that the U.S. Customs Service in Detroit would have seized 1.2 million ecstasy pills by the end of the year.

Since 1998, there have been several indicators of increasing ketamine use. Break-ins to veterinary

clinics have continued (but these may be slowing recently) in efforts to obtain this drug. The Children's Hospital of Michigan Poison Control Center was consulted on three cases of hospitalization involving ketamine during the first 6 months of 2001. Five cases of intentional ketamine abuse were reported to the poison control center during the first 9 months of 2002. There were 11 ketamine-involved treatment admissions statewide in FY 2002.

GHB and GBL abuse began to be reported in about 1997, with the number of ED mentions and poison control case reports peaking in about 1999. Use has been primarily at nightclubs (recent use appears to be more confined to gay scenes) and private parties. ED mentions of GHB totaled 45 in 1999, 22 in 2000, and 31 in 2001 (exhibit 1). The Children's Hospital of Michigan Poison Control Center GHB case reports totaled 100 in 1999, about 35 in 2000, and about one-half that many in 2001. In the first 9 months of 2002, Children's Hospital of Michigan Poison Control Center was notified of only seven cases of intentional GHB abuse. It is believed that GHB is now being underreported to this source. During FY 2002 there were 4 admissions to treatment in Michigan involving GHB as the primary drug and 12 total cases in which GHB was involved.

Other Drugs

Nitrous oxide reportedly continued to be used at private parties and dance venues; most often it was combined with a variety of other drugs, primarily ecstasy.

Inhalants continued to be reported as commonly used, mostly by teens and young adults. Paint, furniture polish, and cleaning products were the most common inhalants, and males and females were equally likely to be inhalant users.

Intentional abuse of Coricidin HBP, the over-the-counter cold and flu medicine, increased in case reports to Children's Hospital of Michigan in 2000 and 2001. These tablets contain dextromethorphan. Multiple tablets are taken for a dissociative effect; use of up to 40 pills at a time has been reported. During 2000, 44 Coricidin HBP cases were reported to the poison control center, while in the first 10 months of 2001, at least 52 cases involved this drug. Most cases were teens, and nearly two of every three cases were male. About two of every three cases required hospitalization. In the first 9 months of 2002, 54 intentional Coricidin abuse cases were reported to the poison control center.

Abuse of cough syrup (also containing dextromethorphan) continued to be noted. Shoplifting is reportedly a common way of obtaining the substance.

More than one in three (38 percent) male arrestees participating in the ADAM survey in the second half of 2001 in Detroit/Wayne County reported heavy use of a NIDA-5 drug (those tested for), and this same proportion was found to be at risk for drug dependence. More than one in four male arrestees were found to be at risk for alcohol dependence. Slightly more than 8 percent reported that they had participated in a drug treatment program in the year before arrest.

INFECTIOUS DISEASES RELATED TO DRUG ABUSE

HIV/AIDS

Michigan ranks 17th among all States, with an AIDS case rate of 113.9 per 100,000 population. As of July 1, 2002, a cumulative total of 12,232 cases of AIDS had been reported in Michigan. Only 2 of Michigan's 83 counties have no reported AIDS cases.

Injection drug users (IDUs) continued to account for 29 percent of total AIDS cases; 22 percent have only this risk factor and 7 percent are IDUs who also have male-to-male sex as a risk factor.

Of the 8,358 male cases currently living with AIDS or HIV, 14 percent are IDUs and 7 percent are in the dual risk group.

Among the 2,442 females living with AIDS or HIV, 31 percent are IDUs, 40 percent were infected through heterosexual contact, and 26 percent have undetermined risk factors.

Statewide, HIV prevalence is now estimated at a maximum of 3,260 IDUs and 1,090 IDUs who also engage in male-to-male sex. The total HIV prevalence estimate for Michigan increased from 15,300 cases to 15,500 cases.

Hepatitis C

Hepatitis C cases reported to the MDCH communicable disease surveillance system began to show increases in 1998, with 464 cases, compared with 362 cases in the prior year. In 1999, total cases increased by 72 percent to 798. In 2000, cases again increased sharply to 2,754, a 245-percent increase from 1999. In 2001, there were a total of 4,594 cases, almost double that of the prior year.

Syphilis

There has been a significant primary syphilis outbreak in Detroit, with increases in cases reported each

year since 1997. About 500 new cases were expected during 2002. Inadequate outreach and followup have been cited as contributing to increased syphilis cases.

For inquiries concerning this report, please contact Richard Calkins, Michigan Department of Community Health, Office of Drug Control Policy, Lewis Cass Building, 2nd Floor, 320 South Walnut Street, Lansing, Michigan 48913-2014, Phone: 517-335-5388, Fax: 517-373-2963, E-mail: <calkinsr@michigan.gov>.

Exhibit 1. Estimated Number of ED Drug Mentions in a Seven-County Area in Southeast Michigan: 1994–2001¹

Drug Mentions	1994	1995	1996	1997	1998	1999	2000	2001
Alcohol-in-combination	7,220	8,379	9,087	7,984	7,992	7,199	8,447	9,109
Cocaine	8,268	8,763	10,435	8,093	8,617	7,699	7,870	7,730
Heroin/morphine	2,160	2,390	3,188	3,028	2,879	2,653	3,328	3,870 ²
PCP/PCP combinations	26	56	21	19	20	24	21	38
LSD	99	143	57	74	27	63	35	15
Amphetamine	305	292	440	359	362	178	...	437
Methamphetamine/speed	17	15	...	...	0	...	...	...
Marijuana/hashish	2,955	3,875	4,210	3,742	4,335	4,100	4,344	5,017
GHB	...	0	...	...	11	45	22	31
Ketamine	-	0	0	...	...	...	...	12
MDMA (ecstasy)	...	0	0	...	6	40	60	111
Rohypnol	-	0	0	0	0	0	0	0
Hydrocodone/combinations	89	129	165	160	185	238	371	483
Drug Episodes	17,653	18,626	20,796	17,604	17,477	16,125	17,042	19,265
Total Drug Mentions	31,633	34,152	38,952	32,487	32,582	30,207	32,740	37,164
Total ED Visits (in 1,000s)	1,436	1,513	1,537	1,449	1,461	1,481	1,474	1,583
Drug Episodes (rate/100,000)	432	451	498	417	409	374	388	463
Drug Mentions (rate/100,000)	775	828	933	770	763	700	746	893

¹ Dots (...) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed.

² Heroin excludes a small, but unknown, number of morphine/combinations mentions, which have been moved to the narcotic analgesics category during this time period.

SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Exhibit 2. Estimated Rates of ED Drug Mentions and Episodes by Age Group in a Seven-County Area in Southeast Michigan: 1994–2001

Rate ¹	1994	1995	1996	1997	1998	1999	2000	2001
Total Drug Episodes	432	451	498	417	409	374	388	463
Total Drug Mentions	775	828	933	770	763	700	746	893
Cocaine Mentions	203	212	250	192	202	178	179	186
Heroin Mentions	53	58	76	72	67	62	76	93
Marijuana Mentions	72	94	101	89	101	95	99	121
Episodes by Age Group								
6–17	130	132	130	97	87	87	90	119
18–25	610	616	586	558	532	448	445	512
26–34	772	770	842	656	645	554	557	692
35–44	400	440	514	439	437	414	440	821
45–54	352	399	492	463	496	519	568 ²	736 ²
55 and older	62	68	73	80	80	80	93 ³	132 ³

¹ All rates are per 100,000 population.

² Represents a 109.1-percent increase from 1994 to 2000, and a 41.8-percent increase from 1999 to 2001.

³ Represents a 112.8-percent increase from 1994 to 2000, and a 63.8-percent increase from 1999 to 2001.

SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Exhibit 3. Detroit/Wayne County Positive Drug Toxicology Cases Involving Heroin or Cocaine as an Independent Cause of Death: 1995–September 2002

Month		1995	1996	1997	1998	1999	2000	2001	2002¹
January	Heroin	16	21	17	21	23	43	52	29
	Cocaine	31	36	29	32	21	39	50	25
February	Heroin	14	16	27	26	31	37	40	35
	Cocaine	23	29	33	27	20	27	36	28
March	Heroin	11	13	13	21	41	34	45	48
	Cocaine	28	15	29	27	33	38	39	32
April	Heroin	12	11	24	23	29	42	38	41
	Cocaine	25	33	29	35	34	24	32	37
May	Heroin	19	10	14	16	28	56	33	41
	Cocaine	36	19	22	32	33	46	27	29
June	Heroin	25	25	24	33	40	42	36	43
	Cocaine	31	32	30	38	32	32	30	38
July	Heroin	25	21	30	21	30	44	46	51
	Cocaine	27	32	26	32	25	36	42	33
August	Heroin	13	23	27	25	29	35	46	47
	Cocaine	14	29	28	25	31	36	36	44
September	Heroin	12	18	33	29	31	23	32	46
	Cocaine	16	25	22	37	21	24	24	38
October	Heroin	16	29	27	27	37	39	47	
	Cocaine	29	34	32	33	35	26	42	
November	Heroin	21	20	27	32	41	40	23	
	Cocaine	29	28	28	32	32	35	22	
December	Heroin	19	33	24	35	23	38	27	
	Cocaine	28	37	36	35	25	33	26	
Total	Heroin	203	240	287	309	383	473	465	
	Cocaine	317	349	344	385	342	396	406	

¹ The 2002 data are for the first 9 months. Annual projections are 508 cases for heroin and 405 cases for cocaine.

SOURCE: Wayne County Office of the Medical Examiner

Exhibit 4. Percentages of Adult Arrestees Testing Positive for Cocaine, Opiates, and Marijuana in Detroit¹: 1995–2001

Drug/Year	Males Positive	Females Positive
Cocaine		
1995	30	61
1996	27	53
1997	23	48
1998	28	46
1999	27	46
2000 ²	24	42
2001 ³	22	N/A
Opiates		
1995	6	17
1996	7	18
1997	5	9
1998	7	22
1999	9	16
2000 ²	8	24
2001 ³	7	N/A
Marijuana		
1995	42	16
1996	46	19
1997	44	28
1998	47	22
1999	48	26
2000 ²	50	24
2001 ³	48	N/A

¹ In year 2000, a revised sampling strategy was implemented to reflect a Detroit/Wayne County representative sample; earlier samples were for city of Detroit arrestees only.

² Results for 2000 are based on a weighted sample of male arrestees; the findings for the smaller sample of female arrestees are unweighted.

³ Results for 2001 are for 3rd and 4th quarters only. They are only for males and are weighted.

SOURCE: ADAM, NIJ